



Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS
110 EAST MAIN STREET, SUITE 715
MADISON, WI 53703-3328
TELEPHONE: (608) 266-9760

NOTICE OF MEDICAL ALERT

(To be completed by applicants taking the bar examination)

If you have a medical condition (such as diabetes, heart disease, epilepsy, or any other condition that might require emergency medical attention during the examination), you are requested to list below your name, the nature of the condition, emergency treatment instructions and the name and telephone number of any person(s) who should be contacted in the event of an emergency. If there are any items that you need to bring with you into the examination, as a consequence of that condition, please list those items below as well. You will be advised in writing what you may bring into the room beyond that which is already permitted. **This form must be typed and must be filed with your completed application and fees.**

Applicant's Name

Bar Exam Date

Applicant's Signature _____

Medical Condition: _____

Emergency Instructions:

Person to Contact in Case of Emergency

Telephone Number

Person to Contact in Case of Emergency

Telephone Number